

SPECIFICATION AMENDMENTS

Page 2, lines 7-8:

FIGURE 2 is a series of drawings which shows important instruments used to implant devices according to the invention;

Figure 2A is a drawing which shows a contoured, wedge-shaped retractor;

Figure 2B shows a side view of a U-shaped introducer;

Figure 2C shows a top view of the U-shaped introducer;

Figure 2D shows the U-shaped introducer received within a cage;

Figure 2E is a side view of a graft impactor;

Figure 2F is a side view of the graft impactor but with an end view of the impactor tip;

Figure 2G shows a gate holder with a screw mechanism used to capture and release a gate;

Figure 2H is a drawing of a screwdriver;

Page 2, lines 9-10:

FIGURE 3 is a drawing that shows how the shapes would preferably be varied for different vertebral levels;

Figure 3A shows cage shapes for levels L2-L5;

Figure 3B shows cage shapes for levels L5/S1;

Figure 3C shows cage shapes for levels T/L2;

Page 4, lines 14-22:

Figure 2 is a series of drawings which shows the instruments used to implant devices according to the invention. Most or all are removably attached able to a ratchet handle 200. The set includes a screwdriver 202 (Figure 2H); contoured, wedge-shaped retractors 206, preferably including a color-coded raised centering mark or ridge 207 (Figure 2A); U-shaped introducers 208 (Figure 2B), preferably including retractable wings 209 (Figure 2C) to release a cage 210 (Figure 2D) using control 211; graft impactors 220 (Figures 2E, 2F) and gate holder 230 including a screw mechanism 232 used to capture and release a gate 240 (Figure 2G). The impactors 230 are

generally 25 in length, and preferably come in different sizes, such as 0.8 cm at one end and 1-2cm at the other, 0.5 cm at one end and 1 cm or less at the other, and so forth.

Page 4, line 23 to page 5, line 2:

Figure 3 shows how cage shapes would preferably be varied for different vertebral levels. Figure 3A shows cage shapes for L2-L5; Figure 3B shows cage shapes for L5/S1; and Figure 3C shows cage shapes for T/L2. In each case, the implants would preferably utilize some or all of the other geometries described herein, including a general U-shaped construction, crescent-shaped side walls, domed tops, indented back wall, carbon fiber or other radiolucent construction with markers, serrated or tooth-edged, end-plate surfaces, and so forth. The devices would also preferably include correspondingly sized anterior gates, also utilizing carbon fiber or other radiolucent material, with non-slip nipples, locking screw holes and associated screws.